MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14856

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) one day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D C
STREET ADDRESS (If rural give location) 1506 Upshur St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Aninsman

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 14 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Saleman
10b. KIND OF BUSINESS OR INDUSTRY: Saleman
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morton Aninsman
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: 6100 North 17th St Sam. Crowell Philadelphia Penna

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Mitral Stenosis
DUE TO
(c)

Interval Between Onset And Death: 3 hrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — 3 hrs

22. I hereby certify that I attended the deceased from 4 Dec 1952 to 4 Dec 1952, that I last saw the deceased alive on Dec 4, 1952 and that death occurred at 10 25/PM, from the causes and on the date stated above.
SIGNATURE Dharbaich (Degree or title) M.D. ADDRESS Leonardtown, DATE SIGNED Dec 5, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 7 1952
NAME OF CEMETERY OR CREMATORY Roosevelt Cemetery
LOCATION (City, town, or county) Philadelphia (State) Penna
DATE REC'D BY LOCAL REGISTRAR 12/5/52
REGISTRAR'S SIGNATURE Camalier.
24. FUNERAL DIRECTOR Jos. C Mattingly ADDRESS Leonardtown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1952
BUREAU V. S.

Item 21 Film 149 12-12-52 ams

14857

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loveville — LENGTH OF STAY (in this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loveville
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Garner (Last) Burroughs
4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 21-1897
9. AGE last birthday: 55 yrs. — If under 1 year: Months 10 Days 10 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer on owner
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: A. G. Burroughs
14. MOTHER'S MAIDEN NAME: Susan H Stewart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Mary Ida Burroughs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

919X Immediate cause (a) Penetrating shotwound of neck — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) Loveville, (COUNTY) St. Marys, (STATE) Md
TIME OF INJURY (Month) 12 (Day) 1 (Year) 52 (Hour) A 60 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted shotgun wound accidentally

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) ADDRESS: Lexington Park, Md — DATE SIGNED: 12/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 4-1952 — NAME OF CEMETERY OR CREMATORY: St Joseph — LOCATION (City, town, or county): Morganza St Marys (State) Md

DATE REC'D BY LOCAL REG.: 12/3/52 — REGISTRAR'S SIGNATURE: Cumalier — 24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 5 1932
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14858

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near River Springs
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near River Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Garrett (Middle) (Last) Cheseldine

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 19-1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owne farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Jackson Cheseldine
14. MOTHER'S MAIDEN NAME: Ann Maria Morgan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Robert Cheseldine ave Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 10 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Myocarditis and Auricular Fibrillation — over 10 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1944, to 12/21, 1952, that I last saw the deceased alive on 11/26, 1952, and that death occurred at 8.10 A.M., from the causes and on the date stated above.

SIGNATURE Robert T. Fuchs (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 12/22/52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 24-1952
NAME OF CEMETERY OR CREMATORY Sacked Heart
LOCATION (City, town, or county) Bush Wood St Marys (State) Md
DATE REC'D BY LOCAL REGISTRAR 12/22/52
REGISTRAR'S SIGNATURE Camalus
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU V. J

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14859

Reg. Dist. No. 282

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Chaptico
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Bayard (Last) Gough

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 20-1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 6 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman on State road

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J. Gough

14. MOTHER'S MAIDEN NAME: Laura M. Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Nellie Farr Gough Chaptico Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Uremia — Interval Between Onset And Death: 8 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 20 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Nov 10, 1952, that I last saw the deceased alive on Nov 10, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE Wm D Bard (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec 13 1952

NAME OF CEMETERY OR CREMATORY St Joseph

LOCATION (City, town, or county) Morganza St Marys (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/12/52

REGISTRAR'S SIGNATURE Cawalus

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

RECEIVED
DEC 15 1967
BUREAU V. S.

14860

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A45A

T

1. PLACE OF DEATH COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandra
STREET ADDRESS (If rural give location) 3250 Martha Curtis Dr.

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) (Last) Green

4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 24-1927
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operating Engineer
10b. KIND OF BUSINESS OR INDUSTRY Operating Engineer
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Tom Green
14. MOTHER'S MAIDEN NAME Marguerite Wilmerton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) world war 2
16. SOCIAL SECURITY No. 578-30-0078
17. INFORMANT Brother Tom R. Green 5227 Maple St. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
912.3 Immediate cause	(a) Shock	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemothorax, hemoperitoneum	2 hours
	(c) ruptured liver, lacerated lung	2 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fractured ribs, fractured humerus — 2 hours.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Patuxent NAS (CITY OR TOWN) Patuxent, (COUNTY) St. Marys, (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 4 (Year) 52 (Hour) 8:50 A.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Struck by derrick while in tractor cab.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) [illegible] M.D. ADDRESS Lexington Park, Md. DATE SIGNED 12/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Dec 5, 1952
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Washington D.C. (State) Md.
DATE REC'D BY LOCAL REG. 12-5-52
REGISTRAR'S SIGNATURE [signature] Local Registrar
24. FUNERAL DIRECTOR W W Chambers Co. ADDRESS 517 11 St SE Washington DC

RECEIVED
DEC 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14861

Reg. Dist. No. 2 5 ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural give location) R.F.D. # 2

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise Bennett (Last) Guy

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 17 1872 | 9. AGE last birthday: 80 yrs. | IF UNDER 1 YEAR: Months 6 Days 15 | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Horse wife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis Graves | 14. MOTHER'S MAIDEN NAME: Bettie Porter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: John E. Guy Clements Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death 12 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ,1952, to Dec 2 , 1952, that I last saw the deceased alive on Dec 1, 1952 and that death occurred at 6.50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Guyther, M.D. | ADDRESS Mechanicsville, Md. | DATE SIGNED 12/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 4 1952 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) Morganza St Marys (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/3/52 | REGISTRAR'S SIGNATURE Clements | 24. FUNERAL DIRECTOR Jos E. Mattingly | ADDRESS Leonardtown Md

VS. A15

RECEIVED
DEC 5 1952
BUREAU V. S.

Item #4, Film G149
12/15/52, mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14862

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Mary's City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Hill

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec 7 1952

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours 8 Min. 0

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Woodrow Hill

14. MOTHER'S MAIDEN NAME: Leola Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Leonard Woodrow Hill St Mary's City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762

Immediate cause (a) Congenital Atelectasis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Premature Birth

DUE TO

(c) Premature Rupture Membranes

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from .., 19 .. , to .. , 19 .. , that I last saw the deceased alive on 12-7 .., 1952 and that death occurred at 4 20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Thibadeau M.D. St Inigoes Md. 12-7-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 8, 1952 — NAME OF CEMETERY OR CREMATORY St James — LOCATION (City, town, or county) (State) Pomeron Md

DATE REC'D BY LOCAL REGISTRAR 12/8/52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
Jos. L Matting Leonardtown, Md.

VS. A15

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Item 8 Film G150 2/3/53 WHW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14863

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Leonardtown
MARYLAND
LENGTH OF STAY (in this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural give location) R F D #1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Hill

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 23 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 11 Days 7 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee Mattingly

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Agnes Marie McLee

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180 X

Immediate cause (a) Metastatic carcinoma intestines — Interval Between Onset And Death: 10 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of Kidney — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1952, to Dec 2 1952, that I last saw the deceased alive on Dec 1, 1952 and that death occurred at 9:15 a.m. from the causes and on the date stated above.

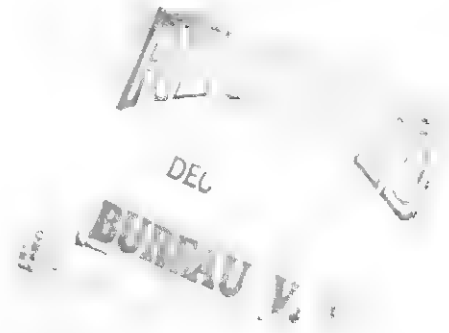
SIGNATURE (Degree or title) P J Bean MD ADDRESS Great Mills, Md DATE SIGNED Dec 3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 5-1952 NAME OF CEMETERY OR CREMATORY St Johns LOCATION (City, town, or county) (State) Hollywood St Mary's Md

DATE RECD BY LOCAL REGISTRAR Dec 3/52 REGISTRAR'S SIGNATURE P J Bean MD (Deal Registrar)

24. FUNERAL DIRECTOR ADDRESS Jos C. Mattingley Leonardtown Md

VS. A15


DEC
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14864

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp. Leonardtown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge Md.; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Hopewell

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1952

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12-18-52

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours 8 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): O

10b. KIND OF BUSINESS OR INDUSTRY: O

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES McAREE HOPEWELL

14. MOTHER'S MAIDEN NAME: CORNELIA LEE LAWRENCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MARGARET HOPEWELL, RIDGE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Congenital Atelectasis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Prematurity

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. O

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12-18, 1952, to 12-19, 1952 that I last saw the deceased alive on 12-18, 1952 and that death occurred at 3 00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert J. Thibadeau M.D. ADDRESS St. Inigoes Md. DATE SIGNED 12-19-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 12/19/52; NAME OF CEMETERY OR CREMATORY St. Peter Claver; LOCATION (City, town, or county) Ridge; (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/19/52; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Howard Hopewell, ADDRESS Ridge Md.

20V2224312

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14865
Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Mechanicsville | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Color | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Feb 1-1892 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee Butler | 14. MOTHER'S MAIDEN NAME: Elizabeth Cole

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: James Aubrey Johnson Mechanicsville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a). Cerebral hemorrhage — 6 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b). DUE TO Arteriosclerotic C V disease with hypertension, diabetes mellitus
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, cataracts

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....,1952, to Dec 10, 1952, that I last saw the deceased alive on Dec 6, 1952 and that death occurred at 6.45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J Roy Luther, MD | ADDRESS Mechanicsville Md | DATE SIGNED 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 13-1952 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) (State) Morganza St Mary's Md

DATE REC'D BY LOCAL REGISTRAR 12/12/52 | REGISTRAR'S SIGNATURE Cameleer | 24. FUNERAL DIRECTOR Jos L Wathen Son Leonardtown | ADDRESS Md

VS. A[illegible] PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14866

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location) R.F.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (Last) Jordon
4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 26 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 10 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer on
10b. KIND OF BUSINESS OR INDUSTRY: Owner farm
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Jordon
14. MOTHER'S MAIDEN NAME: Martha Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Lawrence Forbes Jordon Mechanicsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage - recurrent — INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic cardiovascular disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Dec 14, 1952, that I last saw the deceased alive on Dec 6, 1952, and that death occurred at 7.25 a.m., from the causes and on the date stated above.

SIGNATURE J Roy Guyther (DEGREE OR TITLE) M.D. ADDRESS Mechanicsville, Md DATE SIGNED 12/14/52

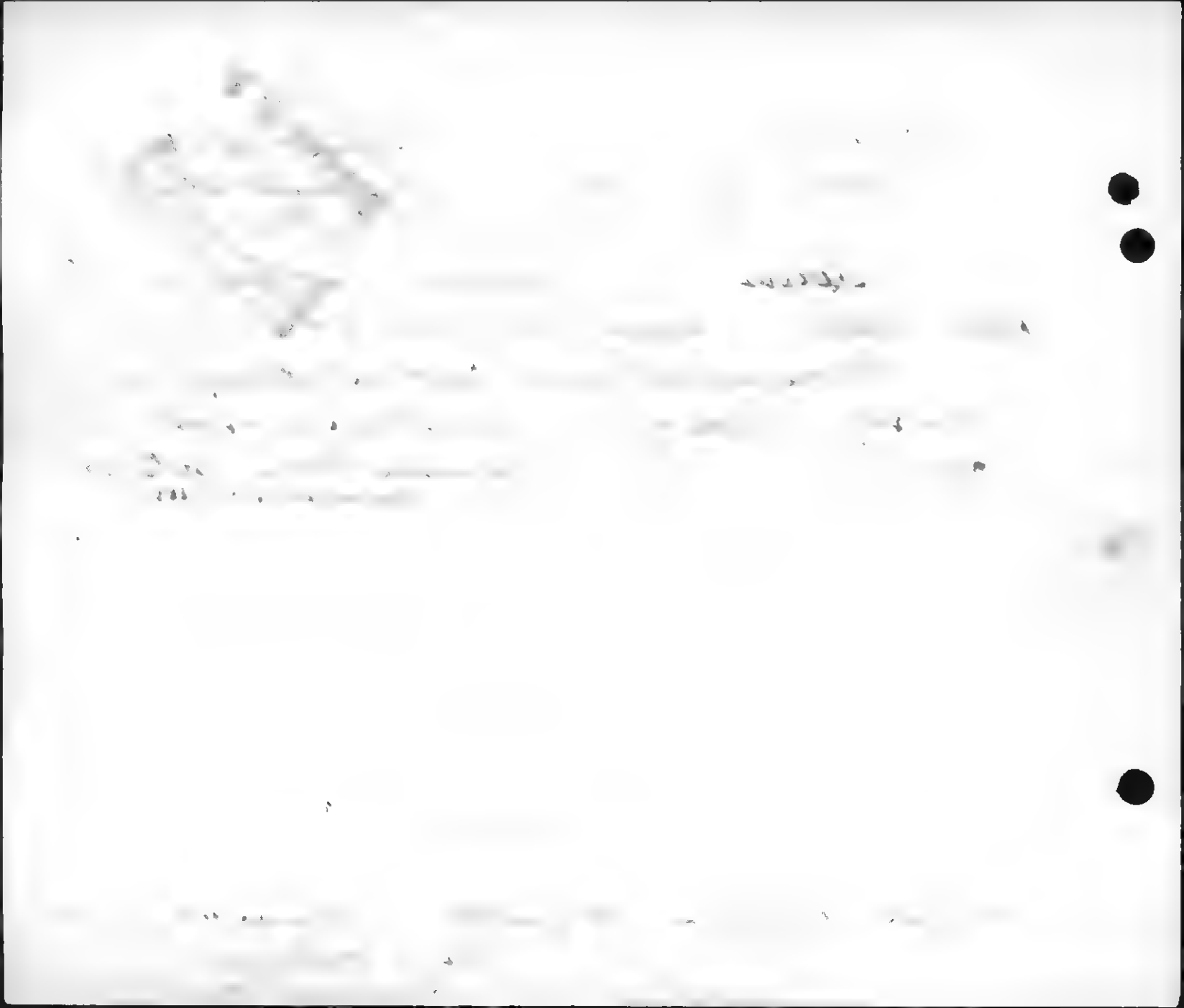
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec 17-52
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza St Mary's (State) Md

DATE REC'D BY LOCAL REG. 12/15/52
REGISTRAR'S SIGNATURE Camelia
24. FUNERAL DIRECTOR Joe C Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14867

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown; LENGTH OF STAY (in this place) 4 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Aloysius (Middle) Fenwick (Last) King (Type or Print)

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 24 1885

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer for self

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis V. King

14. MOTHER'S MAIDEN NAME: Charlotte Fenwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) army

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Miss A. F. King Leonardtown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Heart Failure — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Hypocarditis + Coronary Thrombosis — over 5 years.

DUE TO

(c) Hypostatic Pneumonia. — 3 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20 ,1947, to 12/21 , 1952, that I last saw the deceased alive on 12/21 , 1952, and that death occurred at 12.55 P.M., from the causes and on the date stated above.

SIGNATURE Robert T. Fuchs (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 24-52 NAME OF CEMETERY OR CREMATORY St Aloysius LOCATION (City, town, or county) Leonardtown St Marys (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/22/52 REGISTRAR'S SIGNATURE Cancelled

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 3 1/2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) C. (Last) Lawernce

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 28-1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph T. Lawernce
14. MOTHER'S MAIDEN NAME: Annie Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Joseph T. Lawernce Valley Lee Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

7725

Immediate cause (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Premature birth — 1 month

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27 1952, to Dec 29, 1952, that I last saw the deceased alive on Dec 29, 1952, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE P J Bean Md (DEGREE OR TITLE) ADDRESS Great Mills Md DATE SIGNED 12/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec 30-1952
NAME OF CEMETERY OR CREMATORY St George
LOCATION (City, town, or county) Valley Lee St Marys (State) Md

DATE REC'D BY LOCAL REG. 12/30/52
REGISTRAR'S SIGNATURE P J Bean Md Local Registrar
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

20 X 2171403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14869

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ella (Last) Mathews
4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb. 20 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months 10 Days 5 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jefferson Johnson
14. MOTHER'S MAIDEN NAME: Nellie Cane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Louise Smith Calif. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
331X Immediate cause	(a)	Cerebral Hemorrhage	3 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertension	10 years
	DUE TO		
	(c)	Generalized Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952 to Dec 24 1952, that I last saw the deceased alive on Oct 1, 1952, and that death occurred at 11:40 A.m., from the causes and on the date stated above.

SIGNATURE Wm. H. Patrick M.D. (DEGREE OR TITLE) ADDRESS Lexington Park Md. DATE SIGNED 12-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec 27 1962
NAME OF CEMETERY OR CREMATORY Holy Face
LOCATION (City, town, or county) (State) Great Mills St Marys Md
DATE REC'D BY LOCAL REG. 12-27-52
REGISTRAR'S SIGNATURE F. A. Camalier Md
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-351

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chaptico
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Elias (Middle) Edward (Last) Oliver

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3/2/1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luke Oliver
14. MOTHER'S MAIDEN NAME: Susan Bradfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: -------
17. INFORMANT & ADDRESS: Mrs. Sallie Oliver - Chaptico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 197X

Immediate cause (a) Cachexia & Shock
DUE TO
Antecedent cause(s) (b) Metastatic sarcoma
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) fibrosarcoma - the ankle - tendon 8 m.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1952, to Dec 19, 1952, that I last saw the deceased alive on Dec 19, 1952, and that death occurred at 1114 m., from the causes and on the date stated above.

SIGNATURE J. Roy Guy Pier, MD (DEGREE OR TITLE) ADDRESS Mechanicsville DATE SIGNED 12/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/21/52
NAME OF CEMETERY OR CREMATORY Christ Episcopal Cemetery
LOCATION (City, town, or county) Chaptico, Md. (State)

DATE REC'D BY LOCAL REG. 12/20/52
REGISTRAR'S SIGNATURE Carmalier
24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 6-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14871

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) R. F. D # 1

3. NAME OF DECEASED: (Type or Print) (First) Beulah (Middle) E. (Last) Olson

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 23-1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 4 Days 10 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia Young Harris
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William J. Haynes
14. MOTHER'S MAIDEN NAME: Sarah M. Bryson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs J. H. Bailey Jackersonville Florida

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: One wk

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1952, to Dec 2, 1952, that I last saw the deceased alive on Dec 2, 1952, and that death occurred at 3.45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M. D.
ADDRESS Leonardtown Md
DATE SIGNED 12/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 5-1952
NAME OF CEMETERY OR CREMATORY Whitmire
LOCATION (City, town, or county) (State) Ferry Pass Pensacola Florida
DATE REC'D BY LOCAL REGISTRAR Dec 3/52
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
DEC 5
BUREAU V S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

14672

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 Tanner Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural give location) 51 Tanner Ave

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Sinchfield (Last) Penney

4. DATE OF DEATH (Month) Dec. (Day) 5 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 5, 1886
9. AGE last birthday 66 yrs. If under 1 year: Months 1 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY Naval Air Station Patuxent River Base
11. BIRTHPLACE (State or foreign country) Vinalhall Haven Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Forks Penney
14. MOTHER'S MAIDEN NAME Floral Wharff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. 017-03-7094
17. INFORMANT Bernice M Penney 51 Tanner Ave Lexington Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
131X	Immediate cause	(a) Pulmonary Hemorrhage	15 min
	Antecedent cause(s)		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fungus Infection of lungs.	3 mos.
		(c) Fungus Dermatitis	6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1952, to Dec 5, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Patrick MD
ADDRESS Lexington Park Md.
DATE SIGNED 12-5-52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE Dec. 6, 1952
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Prince George (State) Md.

DATE REC'D BY LOCAL REG. 12-5-52
REGISTRAR'S SIGNATURE P. J. Beary MD.
24. FUNERAL DIRECTOR Jos. C Mattingly ADDRESS

Local Registrar Leonardtown, Md

DEC 8 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Marys City
LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Marys City
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Charlotte (Last) Queen

4. DATE OF DEATH: (Month) 12- (Day) 25 - (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3- 31 - 1877

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas B. Queen

14. MOTHER'S MAIDEN NAME: Imogene M. Bohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO.: -------

17. INFORMANT & ADDRESS: Mrs. Margaret Elms[illegible] - ST. Marys City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Congestive heart failure	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized arteriosclerosis	10 years.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) M.: None

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 12-14, 19[illegible], to 12-26, 19[illegible], that I last saw the deceased alive on 12-26, 19[illegible], and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature illegible] M.D. Lexington Park, Md. 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/27/52
NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 12-26-52
REGISTRAR'S SIGNATURE: P.G. Beam, M.D. Local Registrar

24. FUNERAL DIRECTOR ADDRESS: P.B. Robinson - Leonardtown, Md.

RECEIVED
DEC 20
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

14874

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Mary's City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) R. F. D. I

3. NAME OF DECEASED (Type or Print)	(First) DORA	(Middle) ANN	(Last) SCHIERHOLTZ	4. DATE OF DEATH	(Month) December	(Day) 16	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH March 18, 1936	9. AGE last birthday 16 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Scholar		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME William Schierholtz			14. MOTHER'S MAIDEN NAME Margaret Brown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Wm Schierholtz Knoxville Md				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

057.0

Immediate cause (a) Meningococcic meningitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William Hovitt (Degree or title) ADDRESS Assistant Medical Examiner, Baltimore, Md. DATE SIGNED 12/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12-20-52	NAME OF CEMETERY OR CREMATORY St. Marks	LOCATION (City, town, or county) (State) Petersville Maryland
DATE REC'D BY LOCAL REG. 12/17/52	REGISTRAR'S SIGNATURE A. W. Hedrich M.H.	24. FUNERAL DIRECTOR C. H. Fiske & Bro Brunswick	ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14875

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clyde (Middle) Wesley (Last) Stiles

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 23 1895

9. AGE last birthday: 57 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber Work by the week

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.C. Roper

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stiles

14. MOTHER'S MAIDEN NAME: Mollie Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes | (If Yes, give war or dates of service) Army

16. SOCIAL SECURITY NO.: 577-03-6936

17. INFORMANT & ADDRESS: Mrs Gladys Ruth Stiles Lexington Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

377

Immediate cause (a) ..... Delerium Tremens DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1952, to Dec 4, 1952, that I last saw the deceased alive on Dec 3, 1952, and that death occurred at 4:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Beary MD | ADDRESS Great Mills Md | DATE SIGNED 12/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF Dec 6 1952 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland Road Forestville Md

DATE REC'D BY LOCAL REGISTRAR 12/6/52 | REGISTRAR'S SIGNATURE P J Beary M.D. Local Registrar

24. FUNERAL DIRECTOR ADDRESS Jno C Mattingley Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14876

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place) one (1) day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Informary, U. S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY Medina
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 1 Doylestown
STREET ADDRESS (If rural, give location) Box 66 ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby Virgil (Middle) Boy Taylor (Last) SMITH III

4. DATE OF DEATH (Month) December (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 30 1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Virgil Taylor Smith, II
14. MOTHER'S MAIDEN NAME: Mickey Kathryn Terry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: U.S.NAVY FILES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

776X

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 30 hours 20 min.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Nov., 1952, to 1 Dec., 1952, that I last saw the deceased alive on 1 Dec., 1952, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

SIGNATURE M. J. Sullivan MD (DEGREE OR TITLE) ADDRESS DATE SIGNED
M. J. SULLIVAN LCDR MC USN Infirmary, NAS Paruxent River, Md. 2 Dec 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/3/52
NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery
LOCATION (City, town, or county) (State) Great Mills, Md.
DATE REC'D BY LOCAL REG. 12-2-52
REGISTRAR'S SIGNATURE P J Bean, MD.
24. FUNERAL DIRECTOR Father: Virgil Taylor Smith ADDRESS

20X2242321 Local Registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
DEC 5
BUREAU V. S.

14877

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY: ST. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: ST.Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown, LENGTH OF STAY (in this place): 30	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlotte Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ST. Marys Hospital	STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) Holley (Last) Smoot			4. DATE OF DEATH (Month) 12 (Day) - 31 - (Year) 1952	
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH: 8/23/1880	9. AGE last birthday: 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John W. Holley			14. MOTHER'S MAIDEN NAME: Margaret Claggett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --		16. SOCIAL SECURITY NO.: -------	17. INFORMANT AND ADDRESS: Mrs.Edward Gantt -Chespeake Beach, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of colon with metastasis — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1st, 1952, to Dec 31, 1952, that I last saw the deceased alive on Dec 31, 1952, and that death occurred at 10 PM m., from the causes and on the date stated above.

SIGNATURE: Roy Guyther, (Degree or title) MD ADDRESS: Mechanicsville, Md DATE SIGNED: 1/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 1/3/53	NAME OF CEMETERY OR CREMATORY: All Faith Cemetery	LOCATION (City, town, or county) (State): Charlotte Hall, Md.
DATE REC'D BY LOCAL REG.: 1-3-53	REGISTRAR'S SIGNATURE: Camalier	24. FUNERAL DIRECTOR ADDRESS: P.B. Robinson - Leonardtown, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14878

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) Anna (Last) Wathen

4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan 29. 1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 10 Days 23 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George F. Wathen
14. MOTHER'S MAIDEN NAME: Rosa V. Grave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Lillian Lee Leonardtown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 421.4

Immediate cause (a) Atelectasis

DUE TO

Antecedent cause(s) (b) Large areas of old healed areas of Tuberculous lungs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Hypertrophy & Dilatation of Heart due to Stenosis of Semilunar Valves

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1943, to Dec 22 1952 that I last saw the deceased alive on....., 19....., and that death occurred at 9.50 a.m., from the causes and on the date stated above.

SIGNATURE F. F. Greenwell (DEGREE OR TITLE) MD ADDRESS Leonardtown DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec 26 1952
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) Leonardtown St Mary's (State) Md

DATE REC'D BY LOCAL REG. 12/23 1952
REGISTRAR'S SIGNATURE Carnalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14879 2-82

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital	STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print)	(First) William	(Middle) Webster	(Last) White	4. DATE OF DEATH:	(Month) 12 - (Day) 15 - (Year) 1952
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: 1871	9. AGE last birthday: 81 yrs.	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm labor	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William M. White	14. MOTHER'S MAIDEN NAME: Lucy Medley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ------	16. SOCIAL SECURITY No.: ------	17. INFORMANT & ADDRESS: Lucy Scott - 605 L Street N.E. Wash. D.C.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cerebral hemorrhage

DUE TO

Antecedent cause(s) (b) Hypertension, malignant

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

331X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 13, 1952, to Dec 14, 1952, that I last saw the deceased alive on Dec 13, 1952, and that death occurred at 8:05 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
[signature]	M.D.	Leonardtown	Dec 17, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF 12/18/52	NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery	LOCATION (City, town, or county) (State) Scotland, Md.
DATE REC'D BY LOCAL REG. 12/18/52	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1-51

RECEIVED
DEC 22 1953
BUREAU V. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14880

CERTIFICATE OF DEATH

Reg. Dist. No. 382

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Wilkinson

4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept 25 1856
9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR: Months 2 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Washington Abell
14. MOTHER'S MAIDEN NAME: Isabell Stone

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Addie Wilkinson Holly Wood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Fibrillation of heart chronic
DUE TO Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis & age
DUE TO ?

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1952, to 12-22, 1952 that I last saw the deceased alive on 12-19, 1952, and that death occurred at 8.00 a.m., from the causes and on the date stated above.

SIGNATURE F. T. Greenwell (Degree or title) M.D. ADDRESS Leonardtown Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 24-1952
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Holly Wood St Mary's (State) Md
DATE REC'D BY LOCAL REGISTRAR 12/23/52
REGISTRAR'S SIGNATURE Carnalies
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU